

North Carolina Mental Health Planning and Advisory Council
Royster Building, Room 210, Dix Campus
August 4, 2006
10:00 a.m. – 3:00 p.m.
Meeting Minutes

Members Present: Libby Jones, Jeff McLoud, Terri Shelton, Katie Sawyer, Dorothy Best, Mary Edwards, Laura White, Mark Urban, Dan Fox, Mary Recca Todd, Emily Moore, Martin Pharr, Sheila Wall-Hill, Lucy Dorsey, Beverly Varner, and Ed Seavey joined the meeting by phone.

Others: Kent Earnhardt

Staff to Council: Susan Robinson, Kelly Crowley, and Lisa Jackson.

Call to Order/Introductions/Approval of Minutes

Libby Jones, Chair of the Council, called the meeting to order and welcomed new Council members. Minutes from the May 5, 2006 meeting were approved.

Council Reviews

Prior to beginning review of the draft Mental Health Block Grant Plan for FFY 07, Council members received an update from what had transpired at the July 21st Child Committee Meeting by chair, Sheila Wall-Hill and the July 14th Adult Committee Meeting by chair, Jeff McLoud. Members of the Quality Management Team staff participated in both committee meetings serving as resources to inform committee member Plan discussion and recommendations.

Child and Family Committee meeting summary: Highlights for inclusion in the Plan after review of all criteria, indicators and outcomes included the need for training for families, providers and consumers; the role that consumers and family members play in bringing information and experience to the Planning Council; the need to look at those Block Grant Plan criteria which impact children and behavior trends in schools and the related need for helping children transition from school to work based on transition outcomes data (NC Treatment Outcomes and Program Performance System or NCTOPPS and other agencies' data). The Division of Vocational Rehabilitation Services does have specialized field counselors who work with helping youth transition from school to work and these staff work closely with Department of Public Instruction staff. Children with behavior or conduct disorders who have gotten expelled from school can be referred to Voc Rehab as well. The Child and Family committee is working on recruiting youth/young adult members appointed as future vacancies arise.

Adult Committee meeting summary: Highlights of the review of adult criteria, indicators and outcomes regarding community based services, tracking hospital discharges and improving service access and increasing community resulted in the following. Hospital admissions are up but part of this increase could be population based in that more people are being admitted to the hospitals with substance abuse issues which may initially present as mental health issues. This may, at least in part, drive the increase in admissions and the increase in the shorter length of stay. Maintaining services for people when they leave the hospital is critical. Coordination between providers is very important, especially with staff turnover in positions. Peer support has been recognized as an important cornerstone in recovery; Wake County has a Peer Bridger Program. In fact, three of the new service definitions involve peer support components: Assertive Community Treatment Team, Community Support, and Social Setting Detoxification. Other areas of interest from the Adult Committee that met in July included the need to develop more independent housing or subsidized housing for persons with disabilities. Persons with mental illness may need other options, such as therapeutic living arrangements. Housing needs to be linked with services. There are new housing opportunities for people with disabilities through the North Carolina Housing Finance Agency.

Based on the committee reviews incorporated in July, Susan and Lisa reviewed the completed *draft* of the Block Grant Plan with the Council. Feedback was received from Council members about the Plan. The review included Planning Council activities for the past year, accomplishments and challenges of system transformation, discussion about updates, and data tables. Both Council Committees (Child and Adult) had reviewed the data tables in the Block Grant Plan in July as well. Much of the data for the Plan is provisional in nature due to final numbers not being available at this time. The data is based on those adults and children or youth who meet target population criteria. Tracking mechanisms in the system can be utilized to help measure outcomes and determine funding stream sources. Some noteworthy developments and updates: Peer Specialist positions are now written into three new service definitions; per earlier legislation, the state plan will be written every 3 years now as opposed to every year; the state is increasing/expanding opportunities to develop evidence-based practices; the Division has created a Practice Improvement Collaborative, and plans are under way to review and revise additional definitions to make them more evidence-based in scope.

Over the years, the Community Mental Health Block Grant Plan award has increased from \$6 million to over \$10 million to support the adult and child service system. Questions were asked about how this money is accessed. It was noted that the majority of funding is paying for the cost of direct service provision. Allocations are based on standard formulas developed some time ago. Local Management Entities (LMEs) may use their Block Grant funds differently. Some states utilize RFPs or Requests for Proposals in dispersing their Block Grant funds, but North Carolina doesn't do this. LMEs will use the funds to contract with providers to deliver the services needed in their respective communities. There was discussion around merging of LMEs and how the funds follow. There is not any additional funding in the Block Grant to allow for new start-ups at this point in time, but jail diversion has been a new initiative that has come about in the last few years. This is impacting the transitions for both younger and older adults. When possible, funds could be set aside and carved out each year to allow for innovations.

The Child Committee during the next year will look at trends of services to children who are homeless and the criteria for homeless as defined by PATH (Projects for Assistance in Transition from Homelessness) and other child serving systems such as Dept. of Public Instruction and Division of Social Services. The numbers of children being served is going down thru the PATH federal grant funds, but could be due for a number of reasons, such as differences in the ways that numbers of children served are counted, the change in case management functions (since there is now no stand alone definition for case management for children and adults) with the advent of Community Support and Community Support Teams. The numbers of children being served in urban areas seems to be dropping. This trend will be looked in the next year. The Council talked about challenges and achievements in building community capacity for children. Reports from other initiatives or divisions working with children's services will be obtained during the next year (e.g., Division of Public Health, etc.). Trend data for children's services had been requested by the Child Committee. Susan provided this trend data from FY 2002 to present and the committee reviewed as part of the Plan development in July.

The Council had requested the addition of Evidence-Based Practice Indicators in both the child and adult sections and this request was implemented via adding a data table in the adult section tracking clients who received ACT (Assertive Community Treatment) and by the addition of a data table in the child section which tracks children in Multisystemic Therapy (MST) and Therapeutic Foster Care.

Other questions came up about tracking the client satisfaction survey response rate and serving the increasing Hispanic population rate in North Carolina. It was noted that the Hispanic population numbers are not included in the table with the other races as "Hispanic" refers to ethnicity, not race, but this information is included in a separate section of the narrative.

There was discussion about one of the child performance indicator tables which tracks the numbers of children served who are involved in the juvenile justice system. The sample size for this table was very narrow. Different tools may result in different projections. The NC TOPPS (Treatment Outcomes and Program Performance System) tool, for example, is very sensitive. Some youth are in juvenile justice services but also need mental health services. It was noted these children need to be identified earlier. Martin Pharr will bring data and inform the committee in future meetings. In addition, a representative from the Administrative Office of the Courts (AOC) will be invited to bring data and participate in this discussion in upcoming committee meetings.

Planning Council members' questions about consumer satisfaction were discussed with Shealy Thompson (Team Leader of the Quality Management Team in the Division) and some of her staff; they are involved with the NC TOPPS Advisory Council which includes consumer involvement.

Council members agreed that Susan and Lisa also indicated that they would add notes to any projections in the Block Grant Plan warranting special explanation. Libby asked the Council members to review the draft transmittal letter which will accompany the Block Grant Plan when it is submitted. A section of the transmittal letter dealt with lack of access to services in some parts of the state and the motion was made and approved by the Council to put this concern in a section of the narrative near the front of the Plan or possibly in the Executive Summary, but not to include this as a part of the transmittal letter itself. Libby Jones, Jeff McCloud, Terri Shelton, and Martin Pharr agreed to work on the transmittal letter. Members agreed that the letter would be sent as revised based on discussion today under the chair's signature.

The Council voted on the priorities (attached) on which they want to focus during the upcoming meetings in the new federal fiscal year 2006-2007. These will be included in the Plan and in October an implementation plan for each priority will be drafted identifying resource info needed, member responsibilities and timeframes for completion.

Susan and Lisa reviewed the process of plan submission. The upcoming Implementation Report drafting and review will occur at the next two Council meetings in October and November. The Report will be submitted to the CMHS federal funding agency on or by December 1, 2006 and will cover activities from the FY 2005-06 Community Mental Health Services Block Grant Plan.

Updates

Kelly Crowley from the Prevention and Early Intervention Team provided an update on the status of System of Care (SOC) Coordinator positions, one per LME (30 total) thru state recurring funds to expand SOC statewide.

Wrap-Up

Libby reminded members of the dates for future meetings as set in January 2006. The next 2 meetings to finish out the calendar year will be:

Friday, October 6, 2006	Room 210 of the Royster Building on the Dix Campus at 10:00 a.m.
Friday, November 3, 2006	Room 210 of the Royster Building on the Dix Campus at 10:00 a.m.

There will not be a meeting in December due to the back to back meetings in October and November and submission of the Community Mental Health Services Block Grant Implementation Report on Friday, December 1, 2006.

Libby Jones thanked everyone for their participation and adjourned the meeting.

NC Mental Health Planning and Advisory Council Priorities for FFY 07 August 4, 2006		
Priority	Criterion	Next Steps
1	I. Community Based System	
	<ul style="list-style-type: none"> ✓ Increase service capacity 	
2	IV. Rural and Homeless	
	<ul style="list-style-type: none"> ✓ Decrease barriers to services <ul style="list-style-type: none"> - Housing - Transitions <ul style="list-style-type: none"> -child to adult -across systems 	
3	V. Management Systems	
	<ul style="list-style-type: none"> ✓ Increase consumer & family involvement <ul style="list-style-type: none"> -best practice -trainers -informed consumers (consent, decision-making, choice) 	
4	V. Management Systems	
	<ul style="list-style-type: none"> ✓ Workforce development <ul style="list-style-type: none"> -Evidenced based practice -person centered planning -child and family teams 	
5	II. Data Epidemiology and III. Children's Services	
	<ul style="list-style-type: none"> ✓ Reduce MH consumer involvement in Justice System (e.g. jail diversion, etc) ✓ Reduce MH consumer involvement in juvenile justice system (e.g. courts, DJJDP, etc) 	